

FOR RECORDER'S USE ONLY

**PRELIMINARY CHANGE IN OWNERSHIP REPORT**

To be completed by the transferee (buyer) prior to a transfer of subject property, in accordance with section 480.3 of the Revenue and Taxation Code. A *Preliminary Change in Ownership Report* must be filed with each conveyance in the County Recorder's office for the county where the property is located. Please answer all questions in each section, and sign and complete the certification before filing. This form may be used in all 58 California counties.

If a document evidencing a change in ownership is presented to the Recorder for recordation without the concurrent filing of a *Preliminary Change in Ownership Report*, the Recorder may charge an additional recording fee of twenty dollars (\$20).

**NOTICE:** The property which you acquired may be subject to a supplemental assessment in an amount to be determined by the County Assessor. Supplemental assessments are not paid by the title company at close of escrow, and are not included in lender impound accounts.

SELLER/TRANSFEROR

BUYER/TRANSFEE

DAYTIME TELEPHONE NUMBER

STREET ADDRESS OR PHYSICAL LOCATION OF REAL PROPERTY

ASSESSOR'S PARCEL NUMBER

MAIL PROPERTY TAX INFORMATION TO (NAME)

ADDRESS

CITY

STATE

ZIP CODE

**PART 1. TRANSFER INFORMATION** ☒ Please complete all statements.

YES NO

- ☐ ☐ A. This transfer is solely between spouses (*addition of a spouse, death of a spouse, divorce settlement, etc.*).
- ☐ ☐ B. This transfer is solely between domestic partners currently registered with the California Secretary of State.
- ☐ ☐ C. This is a transfer between: ☐ parent(s) and child(ren) ☐ grandparent(s) and grandchild(ren).
- ☐ ☐ D. This transaction is to replace a principal residence by a person 55 years of age or older.
- ☐ ☐ E. This transaction is to replace a principal residence by a person who is severely disabled as defined by Revenue and Taxation Code section 69.5.
- ☐ ☐ F. This transaction is only a correction of the name(s) of the person(s) holding title to the property (*e.g., a name change upon marriage*). If YES, please explain: \_\_\_\_\_
- ☐ ☐ G. The recorded document creates, terminates, or reconveys a lender's interest in the property.
- ☐ ☐ H. This transaction is recorded only as a requirement for financing purposes or to create, terminate, or reconvey a security interest (*e.g., cosigner*). If YES, please explain: \_\_\_\_\_
- ☐ ☐ I. The recorded document substitutes a trustee of a trust, mortgage, or other similar document.
- ☐ ☐ J. This is a transfer of property:
- ☐ ☐ 1. to/from a revocable trust that may be revoked by the transferor and is for the benefit of ☐ the transferor, and or ☐ the transferor's spouse ☐ registered domestic partner.
- ☐ ☐ 2. to/from a trust that may be revoked by the creator/grantor/trustor who is also a joint tenant, and which names the other joint tenant(s) as beneficiaries when the creator/grantor/trustor dies.
- ☐ ☐ 3. to/from an irrevocable trust for the benefit of the ☐ creator/grantor/trustor and/or ☐ grantor's/trustor's spouse.
- ☐ ☐ 4. to/from an irrevocable trust from which the property reverts to the creator/grantor/trustor within 12 years.
- ☐ ☐ K. This property is subject to a lease with a remaining lease term of 35 years or more including written options.
- ☐ ☐ L. This is a transfer between parties in which proportional interests of the transferor(s) and transferee(s) remain the same after the transfer.
- ☐ ☐ M. This is a transfer subject to subsidized low-income housing requirements with governmentally imposed restrictions.
- ☐ ☐ N. This transfer is to the first purchaser of a new building containing an active solar energy system.

If you checked YES to statements C, D, or E, you may qualify for a property tax reassessment exclusion, which may allow you to maintain the previous tax base. If you checked YES to statement N, you may qualify for a property tax new construction exclusion. A claim form must be filed and all requirements met in order to obtain an exclusion. Contact the Assessor for claim forms.

Please provide any other information that will help the Assessor understand the nature of the transfer.

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

☒ Check and complete as applicable.

☐ Purchase    ☐ Foreclosure    ☐ Gift    ☐ Trade or exchange    ☐ Merger, stock, or partnership acquisition  
☐ Contract of sale. Date of contract: \_\_\_\_\_ (attach a copy of contract)    ☐ Inheritance. Date of death: \_\_\_\_\_  
☐ Sale/leaseback    ☐ Creation of a lease    ☐ Assignment of a lease    ☐ Termination of a lease. Date lease began: \_\_\_\_\_  
                                     Original term in years (*including written options*): \_\_\_\_\_ Remaining term in years (*including written options*): \_\_\_\_\_  
                                     If the lease plus options is 35 years or longer, attach a copy of the lease and all amendments.  
☐ Other. Please explain: \_\_\_\_\_

☒ Check and complete as applicable.

\_\_\_\_\_

☒ Check and complete as applicable.

## CERTIFICATION

The Assessor's office may contact you for additional information regarding this transaction.

**CHANGE IN OWNERSHIP STATEMENT**  
**APARTMENT PROPERTY**  
**SUBJECT TO LOCAL PROPERTY TAXES**

**This statement represents a written request from the Assessor. Failure to file will result in the assessment of a penalty.**

FILE THIS STATEMENT BY: \_\_\_\_\_

NAME AND MAILING ADDRESS OF BUYER/TRANSFeree  
 (Make necessary corrections to the printed name and mailing address)

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ASSESSOR'S PARCEL NUMBER: \_\_\_\_\_

**PART 1. PURCHASE PRICE AND TERMS OF SALE**

- A. Cash down payment, or value of trade or exchange. Do not include closing costs. \$ \_\_\_\_\_
- B. Prepaid interest. \$ \_\_\_\_\_
- C. 1st deed of trust. \_\_\_\_\_% interest for \_\_\_\_\_ years; lender's name \_\_\_\_\_ \$ \_\_\_\_\_
- D. 2nd deed of trust. \_\_\_\_\_% interest for \_\_\_\_\_ years; lender's name \_\_\_\_\_ \$ \_\_\_\_\_
- E. Additional loans. \_\_\_\_\_% interest for \_\_\_\_\_ years; lender's name \_\_\_\_\_ \$ \_\_\_\_\_
- F. Total purchase or acquisition price. Add items A through E. \$ \_\_\_\_\_
- G. If the purchase price is for less than 100% interest in the property acquired, indicate the percentage acquired: \_\_\_\_\_%
- ☐ YES ☐ NO Has the controlling interest transferred?
- ☐ YES ☐ NO Is the proportional interest transferred the same before and after?
- H. Value of any current or delinquent improvement bond not included in purchase price. \$ \_\_\_\_\_
- I. Value of any transferable development rights not included in purchase price. \$ \_\_\_\_\_
- J. If any delinquent taxes were assumed, indicate the amount. \$ \_\_\_\_\_
- K. If a trade was involved, indicate the value assigned to the traded property: \$ \_\_\_\_\_  
 Address of the traded property: \_\_\_\_\_
- L. If the purchase price included other property such as apartment furniture, indicate the allocated value and attach a summary. Do not include kitchen appliances, carpet, or drapes. \$ \_\_\_\_\_
- M. Appraised value for financing purposes (land and building): \$ \_\_\_\_\_
- N. What unit price, gross rent multiplier, net capitalization rate, or return on equity was used to arrive at a purchase price? \_\_\_\_\_
- O. Realtor: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_ Title company: \_\_\_\_\_
- P. ☐ YES ☐ NO Is the property designated as a landmark or historical structure?
- Q. ☐ YES ☐ NO Is the property subject to city or county rent control ordinances?
- R. The condition of the property at the time of sale was: ☐ Good ☐ Average ☐ Fair ☐ Poor
- S. Please attach any other information that would assist the Assessor in determining the value of the property.

**PLEASE COMPLETE SCHEDULES ON REVERSE. ATTACH ADDITIONAL SCHEDULES AS NECESSARY.**

**CERTIFICATION**

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief. This declaration is binding on each and every co-owner and/or partner.*

SIGNATURE OF OWNER OR CORPORATE OFFICER

DATE

NAME OF NEW OWNER/LEGAL REPRESENTATIVE/CORPORATE OFFICER

TITLE

E-MAIL ADDRESS

DAYTIME TELEPHONE  
 (\_\_\_\_) \_\_\_\_\_

**THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION**

**PART 2. RENTAL INCOME AND EXPENSE INFORMATION**

|                |                   |                          |
|----------------|-------------------|--------------------------|
| APARTMENT NAME | APARTMENT ADDRESS | ASSESSOR'S PARCEL NUMBER |
| MANAGER'S NAME | MANAGER'S ADDRESS | TELEPHONE<br>(     )     |
| OWNER'S NAME   | OWNER'S ADDRESS   | TELEPHONE<br>(     )     |

**CURRENT SCHEDULE OF RENTS**

| UNITS* |     | BEDROOMS<br>PER UNIT | BATHS PER<br>UNIT | RENT PER<br>UNIT PER<br>MONTH | AVG<br>VACANCY |
|--------|-----|----------------------|-------------------|-------------------------------|----------------|
| TYPE   | QTY |                      |                   |                               |                |
| A      |     |                      |                   | \$                            |                |
| B      |     |                      |                   | \$                            |                |
| C      |     |                      |                   | \$                            |                |
| D      |     |                      |                   | \$                            |                |
| E      |     |                      |                   | \$                            |                |
| F      |     |                      |                   | \$                            |                |
| G      |     |                      |                   | \$                            |                |
| H      |     |                      |                   | \$                            |                |
| I      |     |                      |                   | \$                            |                |
| J      |     |                      |                   | \$                            |                |

\*ADDITIONAL APARTMENT CHARACTERISTICS MAY BE PROVIDED AS AN ATTACHMENT.

**20 \_\_\_\_ ANNUAL INCOME**

| INCOME TYPE   | ANTICIPATED<br>GROSS | VACANCY AND<br>COLLECTION | ACTUAL<br>INCOME |
|---------------|----------------------|---------------------------|------------------|
| APARTMENTS*   | \$                   | \$                        | \$               |
| PARKING       | \$                   | \$                        | \$               |
| LAUNDRY       | \$                   | \$                        | \$               |
| VENDING       | \$                   | \$                        | \$               |
| DEPOSITS KEPT | \$                   | \$                        | \$               |
| FURNITURE     | \$                   | \$                        | \$               |
| OTHER         | \$                   | \$                        | \$               |
| TOTAL         | \$                   | \$                        | \$               |

\*INCLUDE MANAGER'S AND OWNER'S APARTMENTS.

**20 \_\_\_\_ ANNUAL EXPENSES**

|                                |    |
|--------------------------------|----|
| <b>ADMINISTRATIVE EXPENSES</b> |    |
| MANAGEMENT FEE                 | \$ |
| MANAGER'S SALARY               | \$ |
| MANAGER'S APARTMENT            | \$ |
| OFFICE EXPENSE                 | \$ |
| LEGAL AND ACCOUNTING           | \$ |
| <b>RENTAL EXPENSE</b>          |    |
| ADVERTISING                    | \$ |
| <b>UTILITIES</b>               |    |
| ELECTRICITY                    | \$ |
| GAS                            | \$ |
| WATER/SEWER                    | \$ |
| TRASH REMOVAL                  | \$ |
| CABLE TV                       | \$ |
| <b>MAINTENANCE EXPENSES</b>    |    |
| PAYROLL/APT ALLOWANCE          | \$ |
| SUPPLIES                       | \$ |
| REPAIRS                        | \$ |
| LANDSCAPING                    | \$ |
| POOL SERVICES                  | \$ |
| <b>FIXED CHARGES</b>           |    |
| INSURANCE                      | \$ |
| PROPERTY TAX                   | \$ |
| LICENSES                       | \$ |
| <b>CAPITAL RESERVES</b>        | \$ |
| <b>OTHER (ATTACH)</b>          | \$ |
| TOTAL                          | \$ |

**IMPORTANT NOTICE**

The law requires any transferee acquiring an interest in real property or manufactured home subject to local property taxation, and that is assessed by the county assessor, to file a Change of Ownership Statement with the County Recorder or Assessor. The Change of Ownership Statement must be filed at the time of recording or, if the transfer is not recorded, within 45 days of the date of the change in ownership, except that where the change in ownership has occurred by reason of death the statement shall be filed within 150 days after the date of death or, if the estate is probated, shall be filed at the time the inventory and appraisal is filed. The failure to file a Change of Ownership Statement within 45 days from the date of a written request by the Assessor results in a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the taxes applicable to the new base year value reflecting the change in ownership of the real property or manufactured home, whichever is greater, but not to exceed two thousand five hundred dollars (\$2,500) if that failure to file was not willful. This penalty will be added to the assessment roll and shall be collected like any other delinquent property taxes, and be subject to the same penalties for nonpayment.

**CHANGE IN OWNERSHIP STATEMENT**  
**COMMERCIAL/INDUSTRIAL PROPERTY**  
**SUBJECT TO LOCAL PROPERTY TAXES**

**This statement represents a written request from the Assessor. Failure to file will result in the assessment of a penalty.**

FILE THIS STATEMENT BY: \_\_\_\_\_

NAME AND MAILING ADDRESS OF BUYER/TRANSFeree  
 (Make necessary corrections to the printed name and mailing address)

ASSESSOR'S PARCEL NUMBER: \_\_\_\_\_

**PART 1. PURCHASE PRICE AND TERMS OF SALE**

- A. Cash down payment, or value of trade or exchange. Do not include closing costs. \$ \_\_\_\_\_
- B. Prepaid interest. \$ \_\_\_\_\_
- C. 1st deed of trust. \_\_\_\_\_% interest for \_\_\_\_\_ years; lender's name \_\_\_\_\_ \$ \_\_\_\_\_
- D. 2nd deed of trust. \_\_\_\_\_% interest for \_\_\_\_\_ years; lender's name \_\_\_\_\_ \$ \_\_\_\_\_
- E. Additional loans. \_\_\_\_\_% interest for \_\_\_\_\_ years; lender's name \_\_\_\_\_ \$ \_\_\_\_\_
- F. Total purchase or acquisition price. Add items A through E. \$ \_\_\_\_\_
- G. If the purchase price is for less than 100% interest in the property acquired, indicate the percentage acquired: \_\_\_\_\_ %  
☐ YES ☐ NO Has the controlling interest transferred?  
☐ YES ☐ NO Is the proportional interest transferred the same before and after?
- H. Value of any current or delinquent improvement bond not included in purchase price. \$ \_\_\_\_\_
- I. Value of any transferable development rights not included in purchase price. \$ \_\_\_\_\_  
☐ YES ☐ NO If a transfer of an unimproved lot, were entitlements included?
- J. If any delinquent taxes were assumed, indicate the amount: \$ \_\_\_\_\_
- K. If a trade was involved, indicate the value assigned to the traded property: \$ \_\_\_\_\_  
 Address of the traded property: \_\_\_\_\_
- L. If the purchase price included other property such as fixtures, equipment, inventory, etc., indicate the allocated value and attach a summary. \$ \_\_\_\_\_
- M. Appraised value for financing purposes (land and building): \$ \_\_\_\_\_
- N. Net leasable building area in square feet: \_\_\_\_\_
- O. Realtor: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_ Title company: \_\_\_\_\_
- P. ☐ YES ☐ NO Tenants receive an allowance for interior improvements.
- Q. ☐ YES ☐ NO The monthly rent includes rent concessions. If YES, what are the concessions? \_\_\_\_\_
- R. ☐ YES ☐ NO Is the property designated as a landmark or historical structure?
- S. ☐ YES ☐ NO Is the property subject to city or county rent control ordinances?
- T. The condition of the property at the time of sale was: ☐ Good ☐ Average ☐ Fair ☐ Poor
- U. Please attach any other information that would assist the Assessor in determining the value of the property.

**PLEASE COMPLETE LEASE INFORMATION ON REVERSE**

**CERTIFICATION**

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief. This declaration is binding on each and every co-owner and/or partner.*

SIGNATURE OF OWNER OR CORPORATE OFFICER

DATE

NAME OF NEW OWNER/LEGAL REPRESENTATIVE/CORPORATE OFFICER

TITLE

E-MAIL ADDRESS

DAYTIME TELEPHONE  
 ( )

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**PART 2. LEASE INFORMATION**

| BUSINESS NAME | LEASE TERMS                |        |       |        |                  |         | THE FOLLOWING EXPENSE AMOUNTS ARE PAID BY THE TENANT |       |      |         |          |         |       |
|---------------|----------------------------|--------|-------|--------|------------------|---------|--|-------|------|---------|----------|---------|-------|
|               | SQ FT<br>OF BLDG<br>LEASED | LENGTH |       |        | RENT             |         |  |       |      |         |          |         |       |
|               |                            | BEGIN  | END   | OPTION | MONTHLY<br>BASIC | OVERAGE |  |       |      |         |          |         |       |
|               |                            | MO/YR  | MO/YR | YEARS  | \$               | \$      | INS  | MAINT | UTIL | JANITOR | PROP TAX | PARKING | OTHER |
|               |                            |        |       |        |                  |         |  |       |      |         |          |         |       |
|               |                            |        |       |        |                  |         |  |       |      |         |          |         |       |
|               |                            |        |       |        |                  |         |  |       |      |         |          |         |       |
|               |                            |        |       |        |                  |         |  |       |      |         |          |         |       |
|               |                            |        |       |        |                  |         |  |       |      |         |          |         |       |
|               |                            |        |       |        |                  |         |  |       |      |         |          |         |       |

| RENTAL INCOME AND EXPENSES                 |         |
|--|---------|
| Total rental income collected for the year | \$      |
| EXPENSES (yearly)                          |         |
| Insurance                                  | \$      |
| Property Taxes                             | \$      |
| Repairs/Maintenance                        | \$      |
| Utilities                                  | \$      |
| Landscaping/Janitorial                     | \$      |
| Parking maintenance                        | \$      |
| Property management                        | \$      |
| Legal & Accounting                         | \$      |
| Other expenses                             | \$      |
| Depreciation                               | \$      |
| Debt service                               | \$      |
|  | \$      |
| Total Expenses                             | \$      |
| Calendar or fiscal year ending             | MO: YR: |

If off-street parking is provided, indicate the number of spaces:

If improvements have been installed by the tenant, describe the items and estimate the costs:

|  |    |
|--|----|
|  | \$ |
|  | \$ |

If fixtures or equipment are included in the rent, describe the items, indicate where located, and the amount of allocated rent:

|  |    |
|--|----|
|  | \$ |
|  | \$ |

If rents were renegotiated today, indicate the estimated rent: \$

Based upon the present rental schedule, assuming 100% occupancy and no collection losses, estimate the property's total annual income: \$

**NOTE: IF THE PROPERTY IS COMPLETELY OWNER-OCCUPIED, PLEASE ENTER THE EXPENSE INFORMATION ONLY. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET.**

**IMPORTANT NOTICE**

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